



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH JAY HOSPITAL

City of Hospital: Portland

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1320

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19328809
Outpatient Patient Service Revenue	\$75434407
Total Gross Patient Service Revenue	\$94763216

2. Deductions From Revenue

Contractual Allowance	\$-60754482
Other Deductions	\$1009596
Total Deductions	\$-59744886

3. Total Operating Revenue

Net Patient Service Revenue	\$32999138
Other Operating Revenue	\$1049194
Total Operating Revenue	\$34048332

4. Operating Expenses

Salaries and Wages	\$11570933	Employee Benefits	\$3552642
Depreciation and Amortization	\$2909155	Interest Expense	\$0
Bad Debt	\$2622479	Other Expenses	\$21046446
Total Operating Expenses	\$41701655		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7653323	Total Assets	\$31774752
Net Non-operating Gains over Loss	\$-36311	Total Liabilities	\$31774752

Total Net Gains	\$-7689634
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37479384	\$24328732	\$13150652
Medicaid	\$21153533	\$17430061	\$3723472
Other Government	\$967979	\$756283	\$211696
Other State	\$0	\$0	\$0
Other Payers	\$35162320	\$21871481	\$13290839
Total	\$94763216	\$64386557	\$30376659

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4064	\$-4064

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$30384	\$-30384
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3234022
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1285847	
HCI Payments	\$0		
Subtotal	\$0	\$1285847	\$-1285847
Medicaid Shortfalls	\$3951183	\$10346121	
Subtotal	\$3951183	\$11631968	\$-7680785
DSH Payments	\$0		
Subtotal	\$3951183	\$11631968	\$-7680785
Medicare Shortfalls	\$10766997	\$11021024	
Other Government Programs	\$0	\$0	
Total	\$14718180	\$22652992	\$-7934812

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//